

Woman to Woman Registration Form

Fall, 2007

Name: _____

Address: _____

Phone # _____ Your birth date: Mo. _____ Day _____

Email address _____

Church you attend: _____

Do you plan to attend Woman to Woman this fall: Yes _____ No _____ Undecided _____

Please list your children who will need child care or attend the Home Schooler's Class:

(please print clearly)

**Class/Group
Assignment**
(we will add if not known)

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

**Registration Fee for each adult is \$20.00 for the year.
Please make checks payable to *Community Bible Church* and return to:**

**Woman to Woman Registration
Community Bible Church
301 Chadeayne Road,
Ossining New York 10562
(914) 762-1632**